

West Virginia Home and Community-Based Waiver Notification of Death
Traumatic Brain Injury Waiver

Form Name: West Virginia Home and Community-Based Waiver Notification of Death (Notification of HCB Death) (Policy Section 512.4.1)

Purpose: To report the death of a TBIW participant to the State. There are 2 types of notifications. Section I-IV is completed for any death of a TBIW participant. Section V is completed in addition to previous sections to report an unexplained death (also suspicious and untimely).

Mortality reporting is an area of focus for Center for Medicare Medicaid Services (CMS) and it is important that ALL deaths are reported to the State. This is an area of health and safety. This form is to be utilized at the death of any TBIW participant. There is a disclaimer on the form.

Instructions:

- Complete Section I of the form by checking type of waiver the participant received and then follow the instructions for the appropriate way to notify the Operating Agency for that waiver.
- Complete Section II of the form by providing the information about the provider and the reporter's information. This will assist us if we have any follow-up questions. This form is completed by the Case Manager. Ensure that the CM's name, signature, email address, date and phone are listed on the form. At the time of completion of this form, the Case Manager may not know the exact cause of death.
- Complete Section III of the form which includes information about the person. Enter the cause of death and how you became aware of the death. Enter the location and time of death, if known. If not known, please enter N/A in those fields of Section III. You will list the medical diagnoses and conditions as listed in the MNER and PAS in this section.
- Please ensure that Sections I, II, III, and IV of the form are completed for all deaths of all TBIW participants. There should not be any blanks, especially not for Medical Diagnoses and Conditions.
- Complete Section IV of the form by placing an X beside the type: terminal, natural, disease, accidental, or other (describe).
- Complete Section V **if the death was unexplained, suspicious or untimely** Cause of death is undetermined at the time of death.
- **Examples of Unexplained Deaths:** "Worker goes to the home and the person is deceased. Door is broken"; "Person is found on sidewalk beside home, deceased"; "Worker finds person in bed deceased when reporting for morning shift", etc. See criteria for unexplained deaths at end of instructions.
- **Describe lifesaving measures.** If not attempted, explain why. Example: Was CPR performed? Was 911 called? Why- person lived next to the hospital; police were there when worker arrived; etc.

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- **Indicate applicable agencies/authorities notified:** Were any of the following reports made: a police report, fire marshal report for suspicious home fire, Medicaid fraud report, abuse/neglect/exploitation by a Medicaid provider (could be the worker)? Was an incident report filed in the WV Incident Management System, etc.?
- **Until such time that you are able to report in WV IMS, TBIW providers must complete an incident report and submit this report to APS Healthcare in addition to the Notification of HCB Death.**

The following are examples of possible events that may lead to the classification of an unexplained death:

- Participant found deceased with no known cause (by anyone- worker, family, neighbor, etc.).
- Participant is not receiving hospice or palliative care or has not had a physician report an expectation of being terminal (Example: Participant does not have terminal illness and hospice is not in the home).
- Untimely death - Death does not appear to be “age-related” (Example: Participant is not 100 years old).
- Medical conditions or diagnoses are not associated with “unexpected death” (Example: participant has well-managed Diabetes Mellitus, macular degeneration and moderate dementia).
- Medical staff not present at the time of death (not in a hospital or medical facility). This factor would not be a stand-alone criterion for unexplained death. It must be found in conjunction with another criterion. For example, person does not have a terminal prognosis **and** no medical staff present at time of death or participant found deceased with no known cause **and** medical staff not present at time of death.
- Suspicious death - Evidence of foul play or criminal activity (burglary/break-ins, theft of medication/money/goods, house fire, etc.).
- Evidence of violence, abuse, neglect or exploitation that led to the death.
- Person was sent to the Medical Examiner for autopsy or further inquiry.